



ADULT VOLUNTEER FORM

Full Name: _____

Address: _____

Telephone: _____ Email: _____

AVAILABILITY (CHECK ALL THAT APPLY)

Monday Tuesday Wednesday Thursday Friday Weekends

Times Available: Mornings Afternoons Evenings

How many hours would you like to volunteer:

1 hour per week

2 - 4 hours per week

4 - 6 hours per week

Other (please explain) _____

Please indicate the volunteer opportunities that interest you:

Children's Department Programing (Assist with set up, clean up and anything else associated with the program)

"Extra Hands" (Assist with various clerical activities including photocopying and preparing crafts for the children's department)

Shelf reader (Examine library materials for condition and make sure they are in order on their respective shelves. Requires bending, reaching and crouching sometimes)

Please return the completed form to Ann-Marie Sieczka at the Circulation desk or via email at asieczka@bhplnj.org